

**Application Data Sheet**

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: OPTICAL SYSTEM AND METHOD FOR  
USE IN PROJECTION SYSTEMS  
Attorney Docket Number:: ZALEVSKY5  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 16  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Zeev

Middle Name::  
Family Name:: ZALEVSKY  
Name Suffix::  
City of Residence:: Rosh HaAyin  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 1 HaChermon Street  
City of Mailing Address:: Rosh HaAyin  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 48560  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Yuval  
Middle Name::  
Family Name:: KAPELLNER  
Name Suffix::  
City of Residence:: Bat Yam  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 2/2 Hadadi Street  
City of Mailing Address:: Bat Yam  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 59513  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Izhar  
Middle Name::  
Family Name:: EYAL  
Name Suffix::

City of Residence:: Bat Yam  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 7 Shlomo Ben Yosef Street  
City of Mailing Address:: Bat Yam  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 59402  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Golan  
Middle Name::  
Family Name:: MANOR  
Name Suffix::  
City of Residence:: Tel Aviv  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 21 Peretz-Hayut Street  
City of Mailing Address:: Tel Aviv  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address::

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
This Application	National Stage of	Application::	Date::
PCT/IL04/000951	Appln claiming benefit of 35 USC 119(e)	PCT/IL04/000951	10-17-04
		60/514,734	10-17-03

**Foreign Priority Information**

Country:: Application Number:: Filing Date:: Priority Claimed::

**Assignment Information**

Assignee Name:: EXPLAY LTD.  
Street of Mailing Address:: 16 Abba Even Blvd., P.O. Box 12587,  
Hertzliya Pituach  
City of Mailing Address:: Hertzliya  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 46733